



LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

P.O. Box 30250, New Orleans, LA 70191-0250
(504) 568-6820



STATEMENT OF NAME CHANGE

PART A

1. Name(s)-- Use *full* name. Do not use initials or nicknames unless they are part of your legal name. Line 1: Surname (including Jr., Sr., II, etc.) and degree; Line 2: First and Middle Name(s). If name is hyphenated, include the hyphen. List your name as it appears on each document.

1a. License, Permit, Registration and/or Certification-- This is the name printed on your *original* Louisiana license, permit, registration and/or certification.

1b. -- 1i. --BLANK BY DESIGN.

1j. Name Change-- Most Recent Name-- This is the name under which you are currently listed with the Louisiana State Board of Medical Examiners and which you have changed.

1k. Name Change-- This is the name for this name change request. Future correspondence will be addressed to this name. The name printed on your license, permit, registration and/or certification will continue to be used for all reporting purposes and inquiries along with the name for this name change request.

1a.

1j.

1k.

PART B

1. Reason for Name Change-- Provide a *detailed* description of the reason(s) for the name change (i.e. marriage, divorce, court order) Also, provide supporting document(s) for name change *certified and bearing the official seal (NO COPIES OF OFFICIAL SEAL) of the issuing entity.*

DETAILED REASON FOR NAME CHANGE

PART C

Complete this section if name change based on certificate of naturalization.

1. Recent Photograph-- Passport quality photograph of applicant securely affixed. 2" x 2" clear, front view, full face without hat or dark glasses. Full-length photograph, black and white or computer-generated will not be accepted. Applicant is to sign name on back of photograph and across bottomfront of the photograph, partly on photograph and partly upon this page.

Recent Photograph defined: The term, "recent photograph" means a photograph which meets the following criteria: of applicant alone, taken within six months of filing of the application, passport quality photograph, clear, front view, full face without a hat or dark glasses. Further, the "recent photograph" cannot be any of the following: full-length photos, black and white or computer-generated photograph, "instant" snapshots (i.e. Polaroid).

*Affix Photograph
Here
DO NOT TAPE OR STAPLE
--USE GLUE--
(Follow directions carefully.)*

PART D

1. Request for wallet card-- Do you request a wallet card issued in name recorded in this Statement of Name Change? Indicate "Yes" or "No". If address also changed, submit separate *Change of Address* form.

☐ YES

☐ NO

PART E

1. Statement of Name Change--Sworn before a Notary Public.

***DO NOT FORGET TO
ATTACH SUPPORTING
DOCUMENTS!***

Statement of Name Change

I certify that the photograph affixed hereto is a recent photograph and is a true likeness of me.

I understand that the Louisiana State Board of Medical Examiners maintains all records in alphabetical order and that I will be listed alphabetically under the name recorded in this Statement of Name Change. The information provided hereinabove is correct. I understand the following:

- future correspondence from the Louisiana State Board of Medical Examiners will be addressed to the name recorded in this Statement of Name Change.
- the name printed on my Louisiana license, permit, registration and/or certification will continue to be used for all reporting purposes and inquiries along with the name recorded in this Statement of Name Change.
- the Louisiana State Board of Medical Examiners requires that I swear or affirm before a Notary Public that the information herein is correct.
- The Louisiana State Board of Medical Examiners may not change its records until this Statement of Name Change is deemed complete by the Louisiana State Board of Medical Examiners.
- an *inclusive* provision in determining whether this Statement of Name Change is complete is provision of the legal document(s) of name change (i.e. marriage certificate, divorce decree, court order), *certified and bearing the official seal (NO COPIES OF OFFICIAL SEAL) of the issuing entity.*

Signature

Subscribed and sworn on this _____ day of _____, in the year 200_____.

Notary Public

My Commission Expires

SEAL